Billing and Policy
Medical Transportation Bulletin 335   **September 2003**

Contents

Articles with related Part 1 Manual Replacement Pages may be found in the "Program and Eligibility" bulletin. Articles with related Part 2 Manual Replacement Pages may be found in the "Billing and Policy" bulletin. The Medi-Cal Update *may not always contain a "Billing and Policy" section.*

HIPAA: Provider Manual Updates

The September 2003 Health Insurance Portability and Accountability Act (HIPAA) implementation resulted in the following changes in the Medi-Cal provider manuals. All changes are <u>effective for dates of service on or after September 22, 2003</u>.

Important: When you follow the remove and replace instructions in this bulletin and update your manual, please <u>retain the pages you remove</u>. Place them after the *Appendix* tab at the back of your manual. These page will help you bill for services that you rendered prior to September 22, 2003.

New HIPAA In Review

A handy *HIPAA In Review* guide has been included in this bulletin for you to insert in your provider manual at the end of the *HCFA 1500 Completion* section. This guide summarizes important *HCFA-1500*-related changes that resulted from the September 2003 phase of HIPAA implementation.

Place of Service Codes

<u>Place of Service Field (Box 24B)</u>

24	A						B
	DATE(S) OF SERVICE						Place
	FROM				TO		of
MM	DD	YY		MM	DD	YY	Service
							XX

Local Medi-Cal Place of Service codes are being replaced with national Place of Service codes, which are entered in the same box (24B) as previously entered.

Place of Service codes are defined by the Centers for Medicare and Medicaid Services (CMS).

<u>Manual Changes</u>

- Medi-Cal Place of Service code values are changed to national Place of Service code values.

- A *Code Correlation Guide* showing the relationship between Medi-Cal Place of Service and national Place of Service codes is added at the end of the *HCFA 1500 Completion* section to help you understand how local Place of Service codes are being converted to national Place of Service codes.

HIPAA *(continued)*

Billing Limit Exception to Delay Reason Codes

COB Field (Box 24J)

I	J	K
EMG	COB	RESERVED FOR LOCAL USE
	XX	

Local Medi-Cal billing limit exception codes are being replaced with national delay reason codes. Delay reason codes are entered in Box 24J, the same box where billing limit exception codes were entered.

Use of national delay reason codes is mandated by HIPAA.

Manual Changes

- A *Code Correlation Guide* showing the relationship between billing limit exception and delay reason codes is added at the end of the *HCFA 1500 Completion* section to help you understand how Medi-Cal billing limit exception codes have been converted to national delay reason codes.

Modifiers

Procedures, Services, or Supplies Field (Box 24D)

D	E
PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	DIAGNOSIS CODE
X X X X X 2 6 4 7 6 0 6 2	

Up to four modifiers may be entered on HCFA 1500 claims. All modifiers (-26, -47, -60 and -62 in the preceding example) must be billed immediately following the procedure code, with no spaces, in the Procedures, Services or Supplies/Modifier field (Box 24D).

Manual Changes

- The *HCFA 1500 Completion* section is updated to include instructions for billing with up to four modifiers.

- When billing for services rendered to recipients who are patients in subacute care facilities, you must enter the Place of Service code "99" in the *Place of Service* field (Box 24B) and modifier -HA (pediatric) or -HB (adult) in the last-used modifier field.

HIPAA *(continued)*

"From-Through" Billing

Date(s) of Service Field (Box 24A)

24 A					B
DATE(S) OF SERVICE					Place
FROM		TO			of
MM DD YY		MM	DD	YY	Service
0 9 2 2 0 3		0 9 3 0 0 3			

"From-through" services with a "from" date of service on or after September 22, 2003 are billed with national codes. "From-through" services with a "from" date prior to September 22, 2003 are billed with local Medi-Cal codes. (Please note, the "through" date is "to" on the HCFA 1500.)

Guidelines

Changes for the September 2003 phase of HIPAA implementation established the following guidelines:

- Claims with dates of service on or after September 22, 2003 must be submitted with national Place of Service and delay reason codes.

- Claims for services prior to September 22, 2003 must be billed with local Medi-Cal Place of Service and billing limit exception codes.

- Claims for services rendered on dates of service that <u>include both pre- and post-September 22, 2003 dates</u> must be billed on separate claims (split billed) with national codes on one claim and local Medi-Cal codes on another.

"From-Through" Exemption

Claims for services that <u>require "from-through" billing (identified in policy sections) do not require the split billing</u>. They are billed as indicated in the italicized text under the preceding diagram.

Manual Changes

- The *HCFA 1500 Special Billing Instructions* section is updated to include the preceding "from-through" information.

Clinical Nurse Specialist:
Billing Medicare Part B Crossover Claims

Effective immediately, Medi-Cal reimburses Clinical Nurse Specialists (CNS) for Medicare-approved Part B crossover services. The majority of CNS crossover claims automatically cross over to Medi-Cal from Medicare. Claims that do not cross over must be hard copy billed on the *HCFA 1500* claim form. To qualify for enrollment as a Medi-Cal crossover provider, a CNS must be enrolled in the Medicare Program and billing as a freestanding CNS provider, be a registered nurse licensed to practice in the State of California and possess Board of Registered Nursing (BRN) certification as a CNS. These Medi-Cal payments are for crossovers only and are not available for straight Medi-Cal. To receive an application to become a CNS crossover-only Medi-Cal provider, call the Provider Support Center (PSC) at 1-800-541-5555.

A CNS can bill and receive direct reimbursement for services covered by Medi-Cal for services paid by Medicare, which include the following primary care physician services as examples:

Evaluation and Management (CPT-4 codes)
99201 – 99215, 99221, 99222, 99231, 99232, 99281 – 99284, 99301 – 99313, 99321, 99322, 99331, 99332, 99341, 99342, 99347 – 99349, 99381 – 99384, 99391 – 99394 and 99429 – 99433.

General Medicine (CPT-4 codes)
90749, 90799, 91105, 92551, 92552, 92950, 93005, 94650 – 94668, 95004, 95009, 95010, 95115, 96450 and 97010 – 97039.

Pathology (includes immunology and hematology) (CPT-4 codes)
81000 – 81005, 81015, 81025, 81050, 82270, 82273, 82705, 85007 – 85023, 85025 – 85044, 85048, 85170, 85345, 85610, 85651 – 85660, 86490 – 86585, 87040 – 87070, 87081, 87088, 87164, 87177, 87205, 87206, 87210, 87220, 88150, 89050, 89125 and 89130.

Surgery (includes obstetrics, gynecology and maternal care services) (CPT-4 codes)
10040, 10060, 10080, 10120, 10140, 10160, 11100 – 11402, 11420 – 11422, 11440 – 11442, 11720, 11721, 11730, 11732 – 11750, 11975 – 11977, 12001 – 12004, 12011, 12031, 12032, 12041, 12042, 12051, 16000, 16020, 17000, 17003, 17106, 17107, 17110, 17250, 26010, 29049, 29075, 29085, 29105, 29125, 29405, 29440, 29515, 29580, 29700, 29730, 29740, 30300, 30901, 31500, 36000, 38220, 38221, 38230, 46600, 53670, 57150, 57160, 57170, 57452, 57500, 57511, 58300, 58301, 59050, 59300, 59400, 59410, 59610, 59612, 62270, 65205, 69200 and 69210.

Obstetric and Maternal Care Services (HCPCS codes)
Z1032, Z1034, Z1038 and Z6200 – Z6500

Special Services
CPT-4 code 99070, HCPCS codes Z5218 and Z5220.

Subacute Care (HCPCS codes)
X9936, X9938, X9940, X9942 and X9944.

Injection (HCPCS codes)
X5300 – X7600

The updated information is reflected on manual replacement pages <u>medi cr hcfa 3 and 4</u> (Part 2).

Part 2

Remove and replace: cif co 1/2 *
hcfa comp 1/2, 15 thru 22 *

Insert at end of the
HCFA 1500
Completion section: *HIPAA In Review (new)*
Code Correlation Guide (new)

Remove and replace: hcfa spec 1 thru 9 *
hcfa sub 1 thru 5 *
hcfa tips 1 thru 4 *
hcpcs iii 1 thru 4 *
medi cr hcfa 3/4
medi non hcp 1/2 *
modif app 1 thru 4 *
oth hlth cpt 3 *
tar comp 9 thru 12 *
tar dis cod 3/4

* Pages updated due to ongoing manual updates